

**See Instructions and *Privacy
Statement On Reverse Side**

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| | | | | | | |
|--|-------|-----------|--|--------------------|------------|------------------|
| CLAIMANT'S NAME PRIETO, FRANCISCO J. | | | SSN or EMPLOYEE NUMBER* [REDACTED] | | DEPARTMENT | |
| POSITION ICOC member | | CB/ID No. | | DIVISION or BUREAU | | INDEX NUMBER |
| RESIDENCE ADDRESS* | | | HEADQUARTERS ADDRESS same as Residence | | | TELEPHONE NUMBER |
| CITY [REDACTED] | STATE | ZIP CODE | CITY | STATE | ZIP CODE | |

| (1) MONTH/YEAR | | (3) LOCATION WHERE EXPENSES WERE INCURRED | (4) LODGING | (5) MEALS | | | (6) INCIDENTALS | (7) TRANSPORTATION | | | | | (8) BUSINESS EXPENSE | (9) TOTAL EXPENSES FOR DAY |
|-------------------------------|---------------------------|--|----------------|--------------|-------|--|--------------------|--------------------------|---------------------|--------------------------------------|------------------------|---------------|----------------------------|-------------------------------------|
| (2) | | | | BREAK-FAST | LUNCH | O.T., L/T, N/C, RELO. OR DINNER | | (A) COST OF TRANS. | (B) TYPE USED | (C) CARFARE, TOLLS, PARKING | (D) PRIVATE CAR USE | | | |
| DATE | TIME | | | | | | | | | | MILES | AMOUNT | | |
| 3/2011 | | | | | | | | | | | | | | |
| 17 | 0930 | SAN FRANCISCO | | | | | | | | | 183 | 93.53 0.00 | 93.53 0.00 | |
| 18 | 19:00 24:00 | " " | | | | | | | 54.72 | | | 0.00 | 54.72 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| | | | | | | | | | | | | 0.00 | 0.00 | |
| (10) SUBTOTALS | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 54.72 0.00 | 0 | 93.53 0.00 | 0.00 | \$148.2 0.00 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | |

CLAIM TOTAL

\$148.25 ~~148.05~~
0.00

| | | | |
|--|-------------------|---|-----------------|
| (11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) | | (12) NORMAL WORK HOURS [REDACTED] | |
| Attend grant working group meeting - March 17-18, 2011 San Francisco, CA | | (13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED] | |
| | | (14) MILEAGE RATE CLAIMED 51 | |
| | | AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER | |
| (15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage. | | | |
| CLAIMANT'S SIGNATURE [REDACTED] | DATE 3/18/2011 | (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED] | DATE 3/23/11 |
| (17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) | | DATE | |